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THE HOSPITAL BULLETIN

OF THE UNIVERSITY OF MARYLAND

Vol. XI BALTIMORE, MD., FEBRUARY 15, 1916 No. 12

THE ONE HUNDRED AND TENTH
ANNUAL SESSION
OF THE
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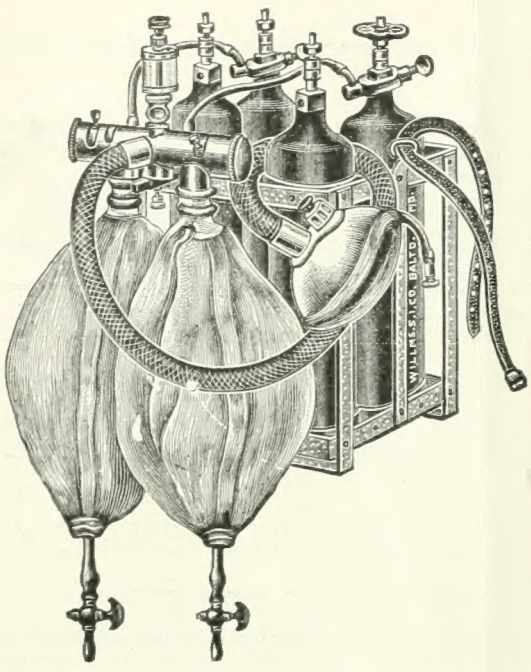

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OF THE UNIVERSITY OF MARYLAND

FEBRUARY 15, 1916

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ADDRESS DELIVERED BY DR. RIDGELY B. WARFIELD AT THE OPENING OF THE UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE AND COLLEGE OF PHYSICIANS AND SURGEONS FOR THE SESSION 1915-1916.

The juncture of our schools, the occasion of these felicitations, marks an event of first importance in the history of medical education in Maryland.

That such union was desirable had in the last few years come perhaps to be the opinion of all of those controlling the destinies of the two institutions.

That it was necessary if we were to insure the continuance of any school, in view of the heightened requirements of entrance qualifications and of laboratory teaching, most of us believed.

The hour was at hand, the Baltimore Medical College had already been absorbed into the University of Maryland, and other lesser schools had under resistless pressure disappeared. But to clear the whole situation, to destroy in our community the last suggestion of personal ownership in medical schools, to open the way for the already promised State aid and to make possible the development of the State University plan, it was generally recognized that this ultimate merger between the College of Physicians and Surgeons and the medical department of the University of Maryland was required. Still we did not rush together, like Browning's lovers, "each on each." Difficulties loomed large, for the most part, it is true, imaginary, and all, I believe, disappearing when the intention of doing the thing, the demonstration of the willingness to merge, was established. It has been said that the spontaneous view of natural man is to regard as evil everything that is disagreeable, and to a number of men connected with both schools the idea of merger was not pleasant.

This feeling we can at least understand, and much of it is praiseworthy. The devotion of man to the institution in which he teaches or is taught is proverbial and almost a natural affection. Also it is apparent that in two such institutions existent for many years and successfully maintaining position and progress against ever-increasing demands and competition an honorable pride of performance makes unattractive such considerable rearrangement as would necessarily follow conjunction of the teaching forces. Besides, there are the problems of self-interest, human and inevitable, not always selfish in a narrow way, but at least unfortunate and leading to an ultra-conservatism, dreading change and apt to consider vicious anything that might interfere with individual place or precedence. Doubtless our teaching bodies are as free as others from this unlovely quality, but a toryism sometimes unconscious and often clothed in righteous garment is perhaps the greatest menace in the development of any educational project. In any case, we may all be guarded against the possibility of making the formula of "to have and to hold" too guiding a principle in life.

So, not without some surface irritation, but with only enough, we hope, to be wholesomely stimulating, the merger is accomplished, the mar-

riage of our schools effected for better or worse.

It may be argued that this merger can only be regarded as a first step in the progress toward our purpose of enlargement and that we are too prone to accept the event as the essential fact, having no regard for the human reactions on the event.

It is true that until we have demonstrated that we have substituted for competitive rival institutions something bigger, broader, better than either, whatever the promise, and although we are well launched on the journey, we assuredly have not yet arrived.

Still we do not doubt that on this occasion the first step is of more than usual importance. We are reminded of the origin of a famous witticism. Voltaire tells us how the credulous Cardinal Polignac, relating to Madame du Deffand the story of the martyrdom of St. Denis, put great emphasis on the distance achieved by the headless martyr, who, after decapitation in Paris, picked up his head and carried it in his hands two leagues along the valley to his final resting place, the beautiful spot that since bears his name, where his church was afterward erected, for generations the burying ground of the French kings. "But," said the lady, "the distance is of little importance, for in such situation it is only the first step that counts."

So, I believe, with us "it is the first step that counts," and the requisite thing has already been accomplished, simply the getting together.

Of course, all the problems of construction and development will have to be met; endless work is certain. Difficulties will arise; some friction and some disappointment will be encountered; but, planted in good soil and with adequate foundation, I am persuaded that our grafted tree will blossom and bear fruit even in the very morning of its adventure.

Dr. Johnson somewhere cites the old Spanish proverb that "he who would bring home the wealth of the Indies must carry the wealth of the Indies with him," and adds that it is so in traveling—"a man must carry knowledge with him if he would bring home knowledge."

Later our own Emerson aptly expresses the same idea in the familiar aphorism: "Though we travel the world over to find the beautiful, we must carry it with us, or we find it not." Perhaps similar quotations are not far to seek, but the point is that in life's endeavor, whether for fortune or knowledge or in quest of the beautiful, as in every undertaking, whatever the effort, whatever the aim, in the last analysis we get what we bring.

To our combination, far from empty-handed, we bring great gifts, material and actual as well as potential. In joining forces our laboratory facilities have been doubled, and our first effort has been to arrange for the best possible teaching of our students in the fundamental branches of the first two years.

Modern medical training has substituted laboratories for lecture-rooms, hence the necessity for separately maintained quarters for the teaching of anatomy, physiology, chemistry, physiological chemistry, pathology, pharmacology and the rest, vastly adding to the difficulties of unendowed schools.

Nowhere else is the strength of our union so apparent, and, while we have dreams for the future of even larger things, for the present, we believe, with equipment, with admirable arrangement and with every full-time necessity in teaching adequately met, we offer to the student for this all-important period every requirement in a high-class way.

In our merger a correlated arrangement for third and fourth year teaching has not yet been attempted. Each school will, presumably for this session, conduct its work in its own way. We are embarrassed by our riches rather than our want. Almost unlimited is our clinical material. As the result of our merger we have not only three large hospitals directly under our control, but by association and affiliation a number of other general and special hospitals as well.

The value of Bayview, with its abundant material, cannot be minimized. In fact, with the exception of the Hopkins Hospital, the combined facilities of practically all the hospitals in our great city may be said to be in our hands.

In the third year, if properly taught, our student is fairly entitled to take up his life's work. The hospital becomes his laboratory. Thenceforth he will advance and ripen according to his industry, his intelligence, his power of observation, and, not least, his opportunity under wise direction for coming in daily contact with disordered human machinery, with the patient himself.

How best to employ the time of third and fourth year students remains a perplexing problem, the field is so vast and teaching methods so

work.

factor in our undertaking, the driving force for our machinery, in effect, the brains. Including the merger of the Baltimore Medical College two years ago, we bring to our venture the combined teaching forces of three large, successful schools. Not by reason of any intellectual weakness, but rather presumably at the very top of their efficiency and strength, have these men joined issue for better things. Large numbers of the best medical minds in Baltimore are in our ranks. Obviously I cannot with propriety attempt to de- present teaching body. Still I may remind you that these schools brought together did not grow over night, but represent the product of long development.

If in our city, in the last quarter of a century and under most fortunate circumstance, the rise of a great institution of which we are all proud has in a way dimmed the luster of our own establishments, we bear in mind that the comparison is only relative. Money is an imperative factor in building edifices of any sort, and founded on the best that our community could offer, rich in tradition and promise, we are clearing our premises of all impediment that necessary endowment may follow.

The traditions of each of the several institutions are present assets in our amalgamation; integrity and intellect are endowments greater than riches, and of such endowment we have our share. Avoiding comment on my co-laborers and colleagues of recent years, may I ask you for a moment to consider the admirable qualities of the teaching faculty of the University of Maryland in the eighties, all dead now—Dorsey Coale, the youngest and the last except for my gifted master, Dr. Tiffany, now, we regret, inactive, and Dr. Winslow, then demonstrator of anatomy and now the honored professor of surgery, still happily in the plenitude of his powers.

You younger men may not know, but we elders, who in these halls sat at their feet, can we even now without emotion recite the names of Aitken, Miltenberger, McSherry, Johnston, Donaldson, Howard, Chew, Chisolm, Miles, Atkinson, Michael?

It was not my fortune in that earlier day to be intimate with the entire faculty of the College of Physicians and Surgeons, but as resident at Bay- and later as other relations I came to know them very well. Again I do not speak of the present merged faculty, some of whom are my friends and one my brother, but of the group now departed, except for Dr. Simon, our professor of chemistry, and Dr. Chambers, professor of surgery, who was junior then, but strong and capable and helpful to me in my day of hospital residency.

Let us not forget the sterling abilities of Opie, Latimer, the elder Friedenwald, scholarly Coskery, Lynch, Erick, wise old Arnold, with whom for a season I loved to discuss my little philosophies. May I pay tribute to that original genius, Keirle, fortunately still with us; to the talented companionable Rohé; to genial George Preston, to my friend and companion for many years, Ridge Trimble—men building perhaps better than they knew foundations for modern teaching.

At about this time from the smallest beginnings a group of younger men put into motion the Baltimore Medical College. With no capital except intelligence and devotion to work, these founders and their associates builded in the succeeding years a remarkably sucessful institution, merging at its highest point with the University of Maryland. I will not name these men with whom I was so long associated, because, with the exception of Dr. Streett, whose loss we even now deplore, they are for the most part alive, and many of them members of our present teaching staff. From one school to another throughout all these years there have been a number of transfers and appointments, forerunners of the entire co-operation.

I strive to emphasize that the men connected in the past with all these schools have been fit representatives of the best medical thought of their time. I believe in even larger measure it is true of their successors, and that the institutions have continually grown and expanded in intellectual strength as well as in other qualities.

I at least have never been able to see in any arrangement of association between the various faculties that I could be otherwise than with my friends, and I rejoice in the consummation of our assembling in one enterprise as I rejoiced from the beginning in its possibility, feeling that with

single aim and purpose such a body could not fail to achieve large results.

Let us, then, unselfishly and with unending devotion to a high ideal embrace our very rich opportunity. Let us without personal favor make best use of all our equipment, intellectual and physical, wherever it be. Let us in unity and concord put forward our best efforts for higher things; and in genuine co-operation, sustained by righteousness, let us face the future unafraid.

"I held it ever,
Virtue and cunning were endowments greater
Than nobleness and riches; careless heirs
May the two latter darken and expend;
But immortality attends the former,
Making a man a god."

TWO RECENT CASES OF ACUTE ABDOMINAL TRAUMATISMS OCCURRING AT THE UNIVERSITY HOSPITAL.

By Elmer Newcomer, M.D.,
Assistant Resident Surgeon.

The following cases of serious abdominal injuries have occurred in the service of Professor Winslow recently, and are thought to be of sufficient interest to justify reporting them.

The first was the result of an extensive razor cut across the upper abdomen, which penetrated the abdominal cavity and made an incision six inches in length into the substance of the liver. Through the courtesy of Professor Winslow I was given the opportunity of operating on this case. By reference to the photograph of the healed incision, which is herewith reproduced, it will be observed that the cut was almost transverse across the upper abdomen.

This is almost identical with the incision recommended by Willy Meyer in the *Annals of Surgery* for November, 1915, for operations on the stomach and gall-bladder, and it afforded an excellent exposure.

Case I—Incised Wound of the Liver. Recovery.

Patient, H. W., aged 25, colored, laborer, was admitted through the Accident Department September 26, 1915, at 11 P. M., suffering from an extensive wound of the upper part of the abdomen and partial disembowelment. Patient gives history of having been cut with a razor by an unknown party just before entering the hospital.

Past history is of no interest.

At the time of admission the patient was suffering with violent pain, and with some hemorrhage. However, the patient had been bleeding considerably, as was seen by his clothing. A hurried examination revealed a long laceration in the upper abdominal wall, through which a large quantity of large and small intestines had escaped and were lying out on the abdominal wall.

Pulse 80 and of good volume. A large dose of morphine was administered and operation instituted at once. After the intestines had been covered

Razor cut of abdomen, wounding liver in two places.

with warm, moist, sterile towels, the patient was taken to the operating-room and anesthetized with ether, drop method. No attempt was made to sterilize the abdominal wall. After sterile sheets had been applied the intestines were flushed with warm salt solution; perforation was sought for, but none found. The transverse colon and about half of the small intestines were out of the abdominal cavity. They were replaced in the abdominal cavity, and then the extent of the injury could be seen. The skin, fasciae, muscles and peritoneum were lacerated from the sixth costal space on the left side, beginning at the anterior axillary line and extending transversely across the abdomen and slightly downward to about the seventh interspace on the opposite side. The costal cartilage was cut on both sides. The round ligament of the liver was also cut, and about a six-inch incision, involving both lobes of the liver and to the depth of about one inch. To

surfaces together. The round ligament of the liver was also sutured with catgut. The wound was then closed after three cigarette drains had been placed in the abdomen below the margin of the liver. Catgut was used in the peritoneum. Chromic catgut was used in both recti muscles and fasciae and silk-worm gut in the skin.

Before the wound was closed and after the intestines were placed in the abdomen, the skin and wound were painted with iodine.

The patient was returned to the ward in good condition and made an uninterrupted recovery, with no evidence of peritonitis, and at no time did the temperature go over 100 degrees. Some little separation of the wound occurred, but this was not extensive.

He was discharged on October 30, 1915, with his wounds fairly healed and a good, firm abdominal wall.

Intestine. Recovery.

Patient, M. J., farmer, aged 55, was admitted to the hospital on August 9, 1915, complaining of "pain in the stomach." This trouble began on the night of August 7, 1915, while the patient was running in a field after some horses, when he stumbled, fell and struck the bulb of a truss which he was wearing. A very short while after this he was seized with violent cramplike pains in the abdomen, which were only controlled with large doses of morphine. During that night and the next day he suffered with pain, some nausea and vomiting. On admission to the hospital, some 36 hours after the accident, he still complained of these violent pains in his abdomen.

Past history is of no significance.

Examination — General examination reveals nothing abnormal, except his expression, which is of an anxious type and that of a very ill person.

Abdomen—No tympanites. Muscles rigid and boardlike, and marked tenderness over the entire abdomen. No external injuries noted.

Mouth temperature 100 degrees; rectal temperature 103 degrees; pulse 100; leucocyte count 20,000.

Operation was advised at once and accepted. The patient was prepared for a general anesthetic, taken to the operating-room and put to sleep by ether, drop method. The abdomen was

was made over right rectus muscle on a level with the umbilicus and extending down about four inches. Upon opening the peritoneum a great quantity of yellowish-brown fluid and pus escaped. Peritoneum and intestines acutely inflamed, and a widespread peritonitis was found. Floating loose in the abdominal cavity was found a watermelon seed. Appendix located and found slightly congested. Further examination of the small intestines revealed a small opening about eight inches from cecum. This opening was closed and search for further trouble made, but none found. The abdominal cavity was flushed out with salt solution, rubber tube drains placed in pelvis along with several cigarette drains in other portions of the abdomen. Wound closed up around drains, catgut being used in the various tissues.

The patient was returned to bed in fairly good condition. Following operation he began to improve gradually, temperature came down and pain was relieved. The wound sloughed extensively, but after a short while began to heal rapidly.

He was discharged on September 9, 1915, but was seen for several weeks afterwards, continuing to improve, and was sent home on the second week in October.

This patient visited the hospital on January 2, 1916, and was well and had gained many pounds in weight.

This case was operated on by Prof. Randolph Winslow. It presents several points of interest. In the first place, subparietal rupture of the intestines is an infrequent accident. This man was wearing a truss, and, as is doubtless often the case, the hernia was not entirely reduced; consequently, when he fell, the intestine was caught between the pad of the truss and the pubic bone, and a laceration was made in the gut. He lived in lower Virginia, and was unable to get to Baltimore until 36 hours had elapsed, as no boats ran on Sunday. When he reached the hospital he was a desperately-ill man, with great pain, abdomen like a board and with other symptoms of peritonitis. A diagnosis of ruptured intestine was made. The abdomen was filled with fecal fluid and pus, and the intestines were extensively plastered with fibrinous exudate. The opening into the bowel was about one-half inch long, and,

owing to the exudate, it was not thought union would occur.

There was at no time any leakage from the intestine, and healing apparently took place in a normal manner. The operation was done about 38 hours after the injury, and that recovery resulted after such a length of time emphasizes the importance of operating even in apparently hopeless cases.

THE TREATMENT OF DRUG ADDICTS AT THE RHODE ISLAND STATE INSTITUTIONS.*†

By William S. Walsh, M.D., Class of 1914.
Howard, R. I.

At the Rhode Island State institutions, which include, among others, the Almshouse, State Prison and Providence County Jail, the Workhouse, House of Correction, and State Farm, there are received annually at least 100 cases of addiction to morphine, heroin, paregoric, cocaine, etc. Since the enforcement of the Harrison law the number of admittances of this class of patients has quite materially increased, because of the great difficulty in procuring the drugs and the increased expense of the same. A few of these drug addicts present themselves voluntarily for treatment, especially those who come to the Almshouse, but the great majority are prisoners, being the flotsam and jetsam of humanity, whose vice subjects them to large fines should the drugs be found in their possession.

Many treatments more or less complicated and requiring much skill, intuition and clinical experience have been advocated, but in institutions such as the above it is not always possible to have the trained help and facilities incumbent upon the operation of such warmly recommended methods. Moreover, the physicians find themselves so pressed by work that it is practically impossible for them to devote to each patient the time and individual attention that would be required of them if they instituted such a method as the Lambert-Towne, for instance. And again, the administration of such powerful drugs cannot well be entrusted to laymen with practically no knowledge of their action. In many institutions trained help is at a premium.

It is not the purpose of this paper to consider the various attributes or disadvantages of the many methods proposed and utilized in an attempt at curing the drug habit, but simply to present a treatment used at the above institutions for a number of years and with only gratifying results. Moreover, it is very simple, not only in its administration, but in the medicaments used. A fleeting consideration of the method would not be conducive to enthusiasm because of its simplicity, but experience is a great teacher, and when an experience of years warrants the continuation of such a therapeutic measure we cannot but be enthusiastic in its exploitation and in its continuance.

One factor greatly in our favor is that we have almost absolute control of our patients, so that we are positive not only that the measures used are being carried out, but that the liability of the patients receiving the drugs from outside sources is practically nil. Formerly the prevention of the latter was quite a problem. Prisoners are very ingenious in some ways. The drugs have been smuggled to them under innocent-looking postage stamps, in soda straws, in apples, and divers other ways. At the Almshouse a drug habitue for 36 years succeeded in deceiving us by carrying in a week's supply of her beloved morphine by concealing it under innocent-looking false busts. Needless to say, after the discovery of these various deceptions we are on our guard and personally see that such patients receive nothing whatsoever from outside sources until careful inspection of the submitted articles prove them innocent of containing any drugs.

We believe in and have striven to give the patients moral support, but moralizing is not relished by our class of patients. And, again, these patients are not, for the most part, voluntarily presenting themselves for treatment, but, so to speak, have it forced upon them. Of a low grade of intelligence, unwilling to aid themselves, and of a not very strong moral fiber, their occasional relapses into the habit after they leave our jurisdiction is easily explainable. However, of late our absolute cures have been more marked, for, not being able to purchase the drugs as readily as formerly, they suffer their loss without any hardship or much regret. As one of our latest patients said one week after being discharged from

*Read before the Kent County Medical Society at its annual meeting, September, 1915.

†I desire to express my thanks to Dr. Henry A. Jones, resident physician of the R. I. State Institutions, for permission to publish this paper.

drug used absolutely. We have found no severe reaction to follow such a seemingly drastic measure, even though our cases have taken anywhere from 15 to 40 grains of morphine, for instance, daily, and even though they have been slaves to the habit for as much as 30 years. Nor have we found it necessary to have recourse to the drug used at any period during treatment. When events take an unfavorable turn, as occasionally happens, the emergencies were capable of being met with by other agents.

The patients are also put to bed and remain there for a few days. Many of the addicts are literally riddled with hypodermic abscesses, both superficial and deep, and naturally require a longer time to recuperate than those not so afflicted. The average duration of bed treatment is four days, after which time the patient is allowed the privilege of the yard and moderate exercise.

A point on which we place great stress is diet. We give this class of patients nought but hot stimulating foods, mostly in liquid form. These foods comprise hot tea, coffee, beef broth, soups, milk, etc. Very little solid food is permitted for the first few days, and only sparingly even then, since it is apt to produce rather severe colicky pains. Pepper added to the hot foods greatly enhances their value.

The withdrawal pains often experienced on sudden cessation of the drug are rarely severe or persistent enough as to require narcotics, and can generally be successfully combated by massage, hot packs, ginger, etc.

Medicinally we employ three stock prescriptions. The first of these is known as the S. and G. tonic, and has the following formula:

Strychnine sulphate, gr. xvi.
Elixir Gentian.
Syr. Hypophosphites aa q. s. ad Ci.

The patients receive one drachm of this mixture 15 minutes before meals. The stimulation contained in it is almost infinitesimal, but the object of this medication is not so much stimulation as it is tonic. It satisfies the latter requirement admirably, and under its influence a desire for reorganization of the system is evolved.

Our treatment is stimulative. It is for that reason that hot liquids are employed. Additional stimulation is afforded by means of strychnine sulphate given in pill form in 1/30 gr. doses, one tablet being given a half-hour after meals and one at night. The strychnine serves to combat depression and to maintain the tonicity of the flagging organs. This agent is used for a period of a few days, whereas the S. and G. tonic is continued for a week.

The third remedy is used only occasionally. Whenever insomnia is a troublesome feature or where great restlessness exists, a sedative mixture is employed. We use one that has the following composition:

Chloral hydrate, ʒi.
Potass. bromide, ʒv
Tinct. valerian, ʒiii.

glass of milk, and, if necessary, is repeated.

it is obligatory that a close watch be kept on all undergoing the treatment. Very few happenings of this kind occur in our wards, owing to the constant supervision we maintain.

drug addicts develop a diarrhea a few days after the drugs are taken away, which serves to perform the office of elimination as well as can be accomplished by the use of purgatives. The diarrhea is not apt to prove troublesome, and generally ceases spontaneously. Even should no diarrhea develop, we are content to let matters remain as they are.

While the above outlined treatment may seem inefficient, on the other hand it works almost "like a charm." There is no mental wretchedness on the part of the patient, and no demands are made that the treatment be discontinued and the drug to which there was an addiction be employed. We, of course, cannot guarantee that absolute cures are effected in all cases, for reasons above stated. But at any rate we have no eulogies to make, for in its employment for years, never, as yet, has a death occurred which was definitely attributable to drug addiction solely.

THE DIAGNOSIS OF APPENDICITIS IN EARLY TYPHOID FEVER.*†

By Randolph Winslow, M.D.

The appendix verniformis is a vestigial organ which, like the tongue, "is an unruly evil, full of deadly poison." Its tendencies to evil are shown on so many occasions that it is somewhat noteworthy that it does not exhibit its malevolence in typhoid fever more frequently than appears to be the case. Nevertheless, it is by no means an unimportant factor in the surgical complications of this disease. While appendicitis undoubtedly may coexist with typhoid fever in any and all of its stages, either as a result of the invasion of the lymphoid structures of the appendix by the typhoid bacilli or from the ordinary intestinal and pyogenic organisms, my attention has been directed especially to the question of the diagnosis of appendicitis in the early days of typhoid fever and to the advisability of operating in such cases.

The following case was the occasion of considerable chagrin to me at the time of its occurrence and served to call my attention to this subject:

Case I.—L. F., white female aged 18 years, while at work on August 9, 1913, was taken suddenly with pain in the right side and headache. Previous to this time she had been in good health. On the tenth she was compelled to take to her bed and so continued until she entered the University Hospital on the thirteenth of the same month. On admission her temperature was 102.6°, pulse 95, respiration 22. She had continuous pain in the right iliac region and tenderness over McBurney's point, with muscular rigidity. She had nausea and vomiting, but no diarrhea. The tongue was somewhat coated, especially in the middle. The liver and spleen were not palpable. At this time the hemoglobin was 100, and the leucocyte count 8200. Widal reaction was not present. The urine showed a slight ring of albumen, a few granular casts and pus cells, sugar and acetone, but no diacetic acid. A diagnosis of appendicitis was made and laparotomy was done, under ether anesthesia, on August 14. A right rectus incision was made and the appendix removed in the usual manner. This organ was somewhat injected and slightly enlarged, but did not appear to be sufficiently affected to cause her symptoms. The small intestines were reddened and the retroperitoneal glands enlarged, and I suggested the probability of enteric fever as the cause of her symptoms rather than appendicitis. She subsequently ran a typical typhoid course, the Widal reaction becoming suggestive on the seventeenth and positive on the twentieth. She recovered and was able to leave the hospital in exactly one month from the time of her admission.

Three other cases of similar character were operated on by my colleagues at the University Hospital at about the same time, and they also serve to emphasize the difficulty of diagnosis in these conditions.

Case II.—S. W., white male, 20 years of age, was taken suddenly with chilly sensations on July 19, 1913. On the next day he again experienced chilliness and had several attacks of vomiting. He developed fever and entered hospital on July 24, five days subsequent to the onset. On admission his temperature was 103°, pulse 90 and respiration 25. He was distinctly ill, with an anxious facies and tongue heavily coated with a whitish-brown fur. No rose spots were present and the spleen was not palpable. There was no evident pain, but the abdomen was rather tender in all areas and deep pressure over the appendical region caused a distinct muscular spasm. On this date his leucocyte count was 10,000 and hemoglobin 90 per cent. On July 25 his abdomen was opened. The appendix was congested but not acutely inflamed, while a general hyperemic condition of the intestines was noted. The appendix was removed and the abdomen closed without drainage. The probability of typhoid fever was recognized, and the subsequent course of the case was typical of this disease, including a positive Widal reaction. He died from typhoid toxemia on August 6, eleven days subsequent to the operation.

Case III.—H. D., white female, aged 16 years, entered University Hospital on July 6, 1913, complaining of pain in the right side of the abdomen, with rigidity and tenderness on pressure, temperature 102.4°, pulse 122, respiration 22. She was taken sick on July 4 with abdominal pain, headache and a stiff feeling in the abdomen. A diagnosis of acute appendicitis was made and an immediate operation was done. The abdomen was opened under ether anesthesia, and a slightly in-

*Read before the American Surgical Association, June 9, 1915.

†Reprinted from Annals of Surgery.

larged lymphatic glands was felt along the right side of the vertebral column. At this time the Widal reaction was negative. She subsequently [illegible] recovery.

Blood examination showed polymorphonuclears 74 per cent., small mononuclears 22 per cent., large mononuclears 4 per cent.

Case IV.—Miss E., hospital nurse, aged 23 years, was taken sick on December 3, 1912, with malaise, pain in back and slight fever. Subsequently the pain localized in the right iliac fossa, with tenderness on pressure, but without much rigidity. Widal was negative at this time and the leucocyte count about 8000. Acute appendicitis was diagnosticated and laparotomy done on December 12, 1912. The appendix was sligtly congested, but not materially inflamed, and there was a peculiar cyanosis of the small intestines. There was also considerable glandular enlargement in the mesentery, but no free fluid in the peritoneal cavity. The appendix was removed and its mucous membrane was seen to be thickened, with a few superficial ulcerations. She ran a typical typhoid course and recovered in six weeks. Widal reaction was positive in the second week.

We have here four cases occurring in the same hospital at almost the same time and treated by several different surgeons. From the appearance of the appendices at the time of operation, and from the subsequent course of the cases, it is evident that unnecessary operations were done during the active period of a dangerous disease. Was this the result of lack of knowledge on the part of the operators, or of negligence in the examination of the cases, or are the difficulties in establishing a differential diagnosis real and these mistakes excusable?

The cases here reported are too few to draw definite conclusions from, but an analysis of the symptoms may at least be interesting and perhaps suggestive.

Onset of the Disease.—Case I was taken suddenly ill, with headache and pain in the right side, while at work. She had been in good health up to this time. Case II appears to have had a general diffuse tenderness exaggerated on pressure in the appendical area upon admission to the hospital. Apparently the disease began five days previously with chilly sensations followed by fever, and not with pain. Case III was taken sick with abdominal pain, headache and a stiff feeling of the abdomen. There is no history of preceding fever. Case IV was taken with pain and slight elevation of temperature.

In three of these four cases pain appears to have been the symptom that first attracted the patients' attention, and not fever.

Chilliness and fever certainly was the prominent feature of the onset of Case II.

In Case I the temperature on admission was 102.6°, four days after the onset, pulse 95.

In Case II temperature was 103°, pulse 90, five [illegible]

In Case III temperature 102.4°, pulse 122, two days after the onset.

[illegible] the patient took to bed.

Headache was noted in two cases as one of the [illegible] in two cases.

The leucocyte count was 8200, 8000 and 10,000 in three cases, and in one case the polynuclears were 74 per cent., but the leucocyte count was not recorded.

The hemoglobin was 100 in Case I, 90 in Case [illegible] the other cases.

On admission it is specifically stated that Case I had continuous pain in the right iliac region, with tenderness and muscular rigidity at McBurney's point.

In Case II there was diffused abdominal tenderness with distinct muscular spasm on deep pressure over the appendical region.

In Case III there was pain in right side of the abdomen, tenderness but not much muscular rigidity.

In two cases it is recorded that the spleen was not palpable. Diarrhea was not a prominent symptom in any of these cases.

In none of these cases was the Widal reaction positive at the time of the operation, but became so in each subsequently. Rose spots also do not appear at such an early period of typhoid fever.

In all these cases the appendix was somewhat congested, possibly thickened, but not acutely inflamed, while the large and small intestines were also more hyperemic than normal.

The mesenteric and pervertebral chains of glands were also markedly enlarged in most of the cases.

I believe this mistaken diagnosis of appendicitis in early typhoid fever is by no means uncommon, and my purpose in presenting this communication is more for the purpose of eliciting information than for imparting it.

I confess that I do not know how we can avoid this mistake. I am aware that Dr. Murphy lays down the rule that in appendicitis pain always precedes fever, while in these atypical typhoid cases fever always precedes pain. I do not think we should accept this statement axiomatically. In many cases it will be impossible to ascertain whether pain or fever was the initial symptom, and in some cases of typhoid fever pain appears to have been the first symptom to attract the patient's attention. Indeed, Osler says enteric fever may be ushered in with pain in the abdomen and that "on account of pain in the right iliac fossa, fever and constipation the diagnosis of appendicitis has been made and in two such cases at Johns Hopkins Hospital laparotomy was performed." I think it probable that some lesion of the appendix is present in these cases.

The leucocyte count is probably the most reliable diagnostic sign, and it is usually low in typhoid fever and markedly increased in appendicitis, though at times there may be a low leucocyte count in serious and even fatal appendicitis.

I think also there is less muscular rigidity and tenderness in these typhoid cases than in cases of genuine appendicitis. Headache also is more common. Another possible factor in the diagnosis may be the time of the year at which the cases occur, as three of the four cases here reported occurred in July and August, months in which typhoid is especially prevalent.

In conclusion, I think it is a very unfortunate occurrence to mistake a case of beginning typhoid fever, with abdominal pain, for appendicitis and to subject such a patient to an abdominal section. This can only be avoided by a careful consideration of the history of the onset of the malady, to ascertain whether fever or pain was the initial symptom; whether the pain was sudden and severe or developed after prodromal symptoms of headache, malaise and fever. If the abdomen is not markedly rigid, even though pain and tenderness in the right iliac fossa be present, and if the leucocyte count remains low, operation should be deferred until a clear diagnosis is reached.

"Kings County Hospital, Brooklyn, N. Y.

"Dear Dr. Winslow:

"As a graduate of the University of Maryland I take the liberty of writing you a few lines about this hospital. It is about time some of the seniors are thinking of a hospital course, and perhaps if I were to explain the course here a little more fully than the circulars do, more of the men would consider the examinations.

"There are 1200 beds here, a rotation service which gives a man a chance at every department.

"The course is as follows:

"First month—Urinalysis.

"Second month—Blood counting.

"Third month—Transfer ambulance, which covers the entire counties of Kings and Queens.

"Fourth month—Anesthetics for special surgery and general utility.

"Fifth and sixth months—Junior physician.

"Seventh and eighth months—Senior physician.

"Ninth and tenth months—House physician.

"Eleventh and twelfth months—Alcoholic, nervous.

"Thirteenth and fourteenth months—Eye, ear, jaw, skin and syphilis.

"Fifteenth and sixteenth months—Nose and throat, orthopedics (adults and children).

"Seventeenth and eighteenth months—Spent at Bradford Street Hospital (a dispensary and emergency ambulatory service).

"Nineteenth and twentieth months—Junior surgeon.

"Twenty-first and twenty-second months—Senior surgeon (fractures and —).

"Twenty-third and twenty-fourth months—House surgeon (first assistant at all operations).

"Besides this regular course there are some post-graduate courses—G. U. and gynecology for two months; obstetrics, two months; pediatrics, two months. The staff house is a three-story building with all modern improvements. Each man has a separate room; tennis courts; no restriction on the number of nights out, providing someone covers the service. There are 32 interns on the house staff. Altogether, it is a course well worth considering, and if any of the seniors care to write to me, I shall be glad to give them any further information they may desire.

"J. R. [illegible], M.D., 1914."

THE HOSPITAL BULLETIN

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THE STATE OF MARYLAND.

University of Maryland done for the State of Maryland? How has it lived up to its opportunities and its obligations? Leaving out of consideration St. John's College, the Department of Arts and Sciences, which has had an honorable and useful career since it was founded in 1784, when it was authorized to unite with Washington College and the two to form a university to be known as the University of Maryland, we shall consider only the professional schools located in Baltimore. The present University of Maryland began in 1807 as the College of Medicine of Maryland, which in 1812 was ordered to annex faculties of Divinity, Law, and Arts and Sciences, and these four faculties to form a university to be known as the University of Maryland. The school of divinity was never organized, and consequently has had only a nominal existence. The school of law, after a checkered existence, was re-organized in 1869, and since that time has been a potent agency in the affairs of the State. Almost every prominent lawyer practicing in the State is a graduate of our law school or has been connected with it in some capacity. Most of the judges of our courts have received their legal education at the University of Maryland. The law school has amply justified its existence by the service it has rendered the State. But what has the medical school done for the State? For more than a century it has supplied the State with its practitioners of medicine. During this long period the doors of the institution have never been closed. The war of 1812, with its troublous times, did not interrupt the courses [illegible] 1812. The Mexican War, the Civil War and the Spanish-American War came and went, and the school continued its work. The great bulk of the [illegible] been taught at this University. Hospitals and sanitariums have been established through the efforts of its graduates. Laws for the betterment of sanitary conditions and the preservation and conservation of health have been passed through the personal and unrequited efforts of its alumni. Very little financial assistance has been received from the State, but much personal service has been rendered not only to the citizens of the State in their individual capacity, but to the State itself. Until now the school has been able to get along with but little outside assistance. It will be impossible for it to do so in the future. A medical school can no longer be supported on the tuition fees of students. It must have assistance from the State or from private sources.

The Johns Hopkins Medical School has a great reputation and ample resources, and it may be thought by some that there is no need of another medical school in this State. At this time there are but six graduates of the Johns Hopkins Medical School located in Maryland outside of the city of Baltimore; there are more than 500 graduates of the schools included in the medical department of the University of Maryland in the same area. Owing to increased educational requirements, the number of medical graduates in the United States has decreased nearly 50 per cent. in the past 10 years; the number is still rapidly decreasing. Within five years there will be a dearth of doctors in the counties of Maryland. There is already a scarcity in some localities. There will not be enough young physicians graduated in Maryland next June to supply internes to the hospitals of the State, and the number will be materially less a year hence. There is, therefore, the most urgent need for the medical school of the University of Maryland, which has justified its existence by its work in the past and which is an absolute necessity to the State for the future.

The dental department and the department of pharmacy are both subdivisions of the medical department, and are highly meritorious and useful institutions that have rendered valuable services

in the past and hold great promise for the future. They also require State aid to enable them to do effective work.

THE DAVID STREETT MEMORIAL SCHOLARSHIP.

We had hoped that an effort to establish a memorial to our late friend and colleague, Prof. David Streett, would have been attended with a liberal response from the hundreds of his former students scattered broadcast over the land, but such has not been the case. During the time that Dr. Streett was professor and dean in the Baltimore Medical College many hundred students came under his influence and instruction. He was their friend, counsellor and guide. Many of them were under lasting obligations to him for many acts of kindness and of kindliness. A small contribution from each of these former students would soon enable us to complete this memorial to our friend. Though he was connected with the University of Maryland only two years, he was brought into intimate contact with several hundred students. We also invite these to contribute to this fund such amounts as they may be able to give.

The following paid contributions were received in January:

Mr. Caleb Winslow	$1 00
Dr. Nathan Winslow	1 00
Dr. Herbert M. Frazier, Hanover, Mich.	10 00
Total	$12 00

ITEMS

At the last meeting of the Faculty of Physic Dr. Albert H. Carroll, class of 1907, was promoted from associate to associate professor of gastro-enterology. For some years Dr. Carroll has been devoting his entire attention to diseases of the gastro-intestinal tract, and has been doing very meritorious work along these lines.

When he took charge of the dispensary clinic it had dwindled away to almost nothing, and now, by his energy, enthusiasm and competency, he has made it one of the largest and best conducted departments of the dispensary. Always on the alert to increase the efficiency of the gastro-enterological clinic, he has spared no effort in time or energy. Hence his promotion comes with especial gratification to his friends and colleagues.

Dr. Carroll's best work has been along the lines of fractional gastric and duodenal analyses. By this method it has been demonstrated that the gastric digestion passes through a cycle, varying according to the stage, in either the normal or abnormal individual. Thus it has been proven that reliance should not be placed upon a single gastric analysis, but that a number of analyses of contents withdrawn at stated intervals should be made before a diagnosis is attempted. He has likewise attained a considerable degree of both local and general prominence by his writings on the subject dearest to his heart—diseases of the alimentary tube.

He has shown a marked degree of executive ability not only in his organization and management as the president of the University of Maryland Medical Society, but also as president of the Medical Alumni Association, as secretary of the General Alumni Association and of the Medical and Chirurgical Faculty, each one and all of which positions has felt the impulsion of his energy. It is, therefore, with particular gratification that THE BULLETIN, on behalf of his friends, congratulates Dr. Carroll upon his well-merited promotion.

The annual banquet of the alumni of the Phi Sigma Kappa Fraternity of the University of Maryland will be held Saturday, February 19, at 7.30 P. M. at the Hotel Rennert. About 75 members are expected to attend.

President Daniel Willard of the Baltimore & Ohio Railroad has been asked to speak, while his assistant, James S. Murray, has been invited to be toastmaster. Mr. Willard has consented to give a talk at the banquet should he be in the city at the time.

Others who have been asked to make addresses are Dr. Thomas Fell, president of St. John's College; J. Newell Graham, representing the local chapter; Dr. Arthur M. Shipley of the University of Maryland; Dr. Henry A. Cotton, medical director of the New Jersey State Hospital at Trenton; Dr. J. Ben Robinson of the University of Maryland, and Dr. Walter A. Conley of New York, national president of the fraternity.

Gilbert J. Morgan is chairman of the committee on arrangements.

Dr. William J. Mayo of Rochester, Minn., recently presented the library of the University of Maryland the complete publications of the Mayo

The letter to Mrs. Briscoe, the librarian, from Dr. Mayo was as follows:

"Rochester, Minn., January 12, 1916."

"University of Maryland,

"Baltimore, Md.:

send you, with our compliments, a full set of Collected Papers of the Mayo Clinic' for the University Library, and will see to it that you receive our publications from time to time in the future as they are issued.

"Yours very truly,

cine and the College of Physicians and Surgeons' record at the December, 1915, State Board Examinations is as follows:

	..	1915					94						
	..	1915			78								
							77					675	
	..	1915				92							88
	..	1915					67	70			85		
	..	1915		83	92		92	87	95				
			35		78			39					
	..	1914											
19.	..	1915	75	89	69	87							
	.	1915	67	89	73	85	57	30				636	
	..	1915	58	83		85		50	74	68		621	
	..	1915											
	.	1915	75			85	75	70	75	85	79	711	79
26.	..				78	81	94	80					85
28.	.	1915		82	75	86		65		76		708	79
	.	1914		74			79	70	88	83	94		83
31.	..	1915				96	75		89	61			77
	..	1914			89		89	80		95	98		
	..	1915	75	82	78	76		50	89	82	82		77
39.			75					75	84				
	.	1914			75	88					75		
	.	1914						50			76		
						90	87		72				
	.	1915			80	87		80	82				
	..	1915	40	75	75	75	57	45	84		75		68
	..	1915		71	75	81	75	62	87	87	98		89

Dr. and Mrs. Lewis M. Allen of Scaleby, Boyce county, Virginia, have been spending some time in Washington, where they were guests at the Shoreham.

We wish to correct an error made in the last issue of THE BULLETIN, in which it was said that Dr. Frank E. Hill, M. C., retired from the office of Mayor of the city of Dalton, Ga., on December 31, 1915. He has not retired as ex-Mayor.

pital:

ton, Md.

Dr. James A. Duggan, class of 1912, South

Dr. Charles H. Kriete, class of 1895, Aberdeen, Md.

ville, Md.

ville, Md.

ton, D. C.

ville, W. Va.

Dr. W. H. McCurdy, class of 1881, Delta, Pa.

Dr. G. Breeding, class of 1913, Rocky Mount,

Dr. G. M. Boyer, George Washington University, class of 1902, Damascus, Md.

Dr. Thomas W. Byerly, class of 1893, Laurel, Maryland.

Dr. M. D. Norris, class of 1892, Eldersburg, Maryland.

Dr. D. T. Jenifer, class of 1904, Towson, Md.

Dr. J. Charles Norton, class of 1912, Baltimore, Maryland.

Dr. George H. Stewart, class of 1899, Ottoman, Va.

At the regular monthly meeting of the Medical Society of the University of Maryland and College of Physicians and Surgeons, held in the amphitheatre of the Maryland General Hospital, Madison street and Park avenue, January 18, Dr. Frank Martin delivered an interesting lecture on "Resection of the Colon; Indications and Technique of Operation," demonstrated with lantern slides; Dr. J. M. H. Rowland on "Kidney Insufficiency During Pregnancy," and Dr. W. D. Wise on "The Treatment of Fractures of the Lower End of the Tibia and Fibula." Dr. Albert H. Carroll, president of the society, was in the chair. At the close of the meeting the mem-

bers inspected the new surgery, which has been installed recently in the hospital. There were about 250 members of the society present.

The annual meeting of the Anne Arundel County Medical Society was held at the Emergency Hospital, Annapolis, Md., January 11, 1916. The following officers were elected for the ensuing year:

President—Dr. Charles R. Winterson, class of 1871, Hanover, Md.

Vice-President—Dr. J. Oliver Purvis, class of 1904, Annapolis, Md.

Treasurer, Dr. Frank H. Thompson, class of 1879, Annapolis, Md.

Delegate to the Medical and Chirurgical Faculty of Maryland, State Society—Dr. Thomas H. Brayshaw, P. & S., class of 1885, Glenburnie, Md.

Alternate Delegate—Dr. James J. Murphy, class of 1896, Annapolis, Md.

Clinical cases were reported by Drs. Brayshaw, Purvis and Winterson and discussed by all present. Dr. Thomas P. Benson, class of 1898, of Elkridge, Md., read a most interesting paper on "Angina Pectoris."

Dr. A. Aldridge Matthews, class of 1900, superintendent of the University Hospital from 1903 to 1904, and now practicing in Spokane, Wash., was also a recent visitor. Dr. Matthews was accompanied by Mrs. Matthews. They were greeted by old friends and were extensively entertained. Dr. Matthews is the brother of Mr. J. Marsh Matthews of 938 N. Calvert street.

ENGAGEMENT

The engagement of Dr. Frank Martin, class of 1886, professor of operative and clinical surgery, is announced to Miss Elizabeth P. Bigelow of Boston, Mass. The wedding will take place March 1 at Trinity Protestant Episcopal Church, Copely Square, Boston. Only the members of the two families and a few friends will be present. Miss Bigelow is well known in Baltimore, having visited here on a number of occasions.

MARRIAGES

Dr. Dawson L. Farber, B. M. C., class of 1913, to Miss Jean Cowan Ennis, both of Baltimore, Md., at Rockville, Md., September 9, 1915. They will reside in Magnolia, O., where Dr. Farber will practice.

Dr. Russell H. Dean, class of 1912, to Miss Esther F. Haile, both of Jacksonville, Fla., at Jacksonville, December 16, 1915. The ceremony was very quiet, being witnessed only by the immediate relatives of the contracting parties.

The bride, an unusually charming young woman, was married in a modish coat suit of dark green broadcloth, trimmed with brown fur, and with this wore a chic hat of gold lace, the crown being of green velvet, the same shade as the suit. Her flowers were a corsage bouquet of white roses.

Dr. and Mrs. Dean left immediately in their car for an automobile trip down the East Coast, planning to enjoy a brief sojourn in Daytona.

The bride, formerly of Gainesville, has resided in Jacksonville for the past few years, and has a wide circle of friends here and elsewhere who will wish her happiness. She is attractive and accomplished, having a beautiful voice, and is a pianist of ability.

The groom is the son of Dr. and Mrs. R. H. Dean of Jacksonville, and is well known and popular with a host of friends, who will extend congratulations. He is a former student of the University of Florida.

Dr. and Mrs. Dean, on their return, will reside with the former's parents at 305 Cedar street.

DEATHS

Dr. Jocelyn William Blackmer, class of 1915, of Salisbury, N. C., died at his home February 1, 1916, aged 28 years. Dr. Blackmer was formerly on the staff of the Springfield Hospital at Sykesville, Md.

Dr. James McHenry Howard, class of 1869, of 939 St. Paul street, died at the Johns Hopkins Hospital, after a lingering illness, January 31, 1916, aged 77 years. Dr. Howard served in the Confederate Army during the Civil War.

Dr. William Philip Spratling, College of Physicians and Surgeons, class of 1886, professor of physiology and nervous diseases in the College of Physicians and Surgeons from 1908 to 1909, for the last four years a resident of Welaka, Fla., died in that place December 22, 1915, from the effects of a gunshot wound accidentally self-inflicted while hunting, aged 52 years.

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OF THE

UNIVERSITY OF MARYLAND

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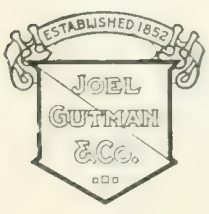

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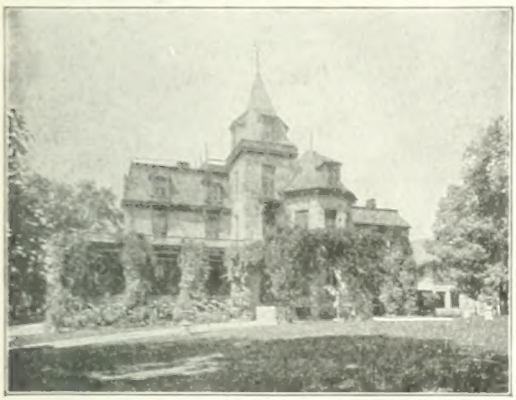

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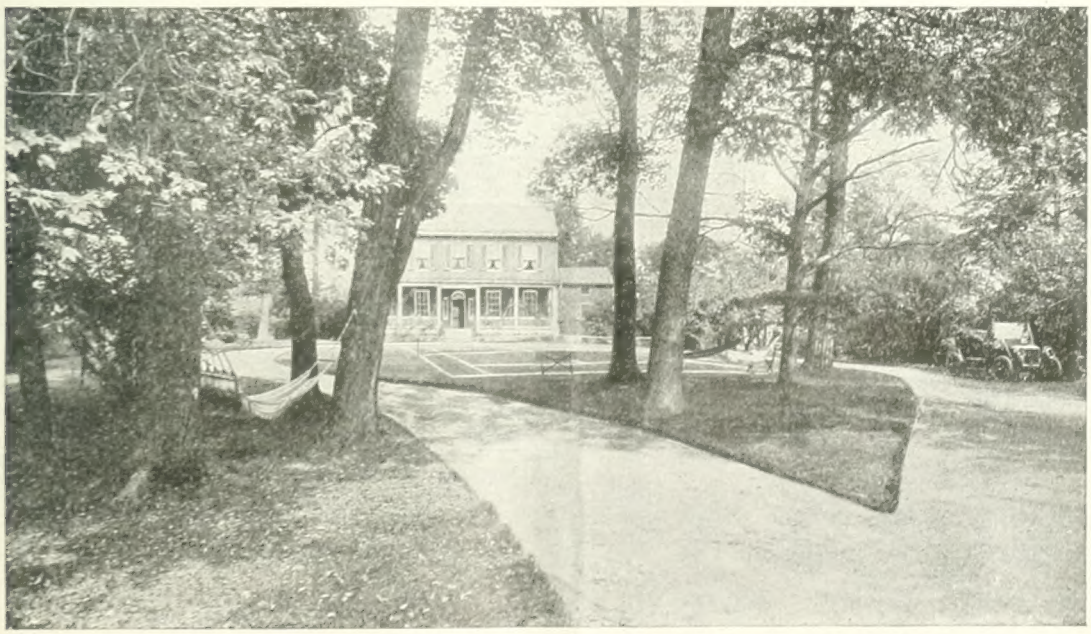

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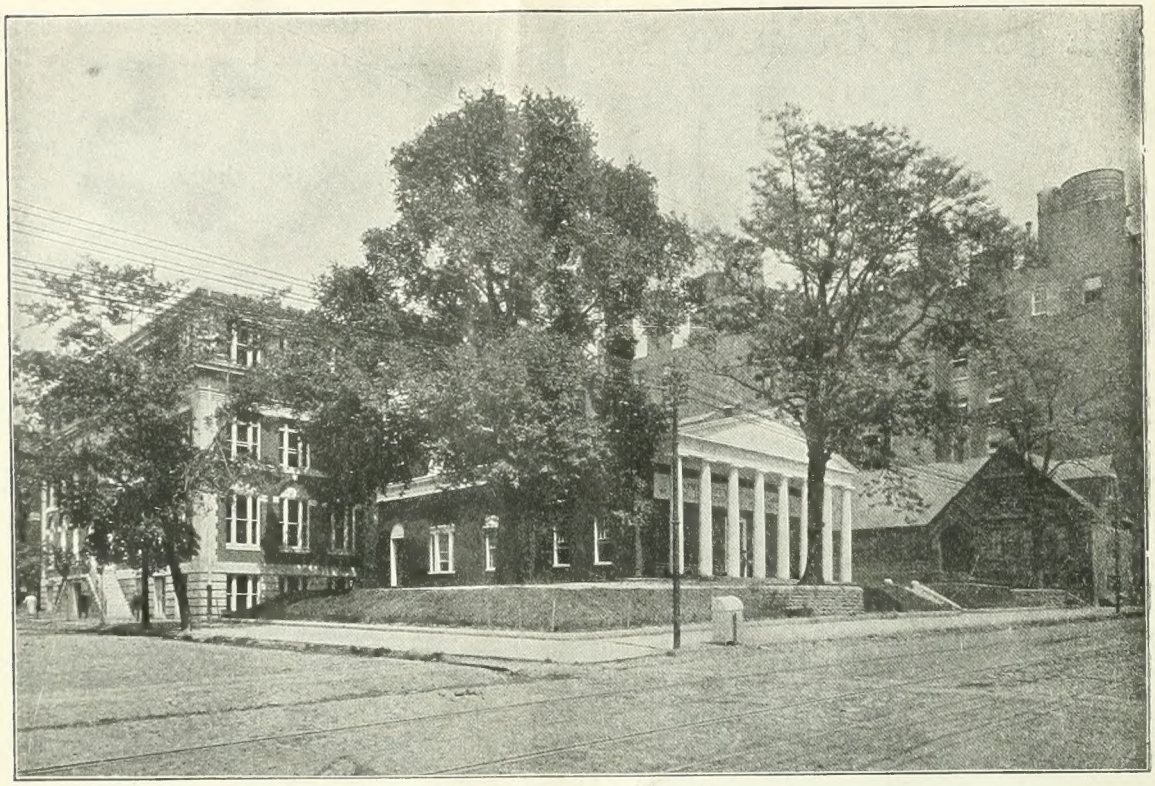

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